|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Information | | | | | | | | | | | | | | | | | | |
| TODAY’S DATE | | GENDER  Male  Female | | | | | | GRADE ENTERING  K 1st 2nd 3rd 4th 5th 6th 7th 8th | | | | | | | | | | |
| Last Name (as listed on birth certificate) | | | | First Name | | | | | | | Middle Name | | | | | | Preferred Name | |
| SOCIAL SECURITY NUMBER | | | DATE OF BIRTH (DOB) | | | | | | | CITY, STATE OF BIRTH | | | | | | | | |
| UNITED STATES CITIZEN?  Yes  No | IF NO, PLEASE IDENTIFY COUNTRY OF CITIZENSHIP | | | | | | | | | | | | | | | | | |
| What language did your child learn when they first began to talk? | | | | | | What language does your child most frequently use at home? | | | | | | | What language do you use most frequently to speak to your child? | | | | | |
| SACRAMENTS COMPLETED | | | DATE OF COMPLETION | | | | | | | CHURCH, CITY, STATE | | | | | | | | |
| Baptism\* | | |  | | | | | | |  | | | | | | | | |
| First Communion\* | | |  | | | | | | |  | | | | | | | | |
| Confirmation | | |  | | | | | | |  | | | | | | | | |
| \*\*Copy of Baptismal and First Holy Communion Certificate Required, unless already submitted in prior school year\*\* | | | | | | | | | | | | | | | | | | |
| Schools Previously Attended | | | | | | | | | | | | | | | | | | |
| SCHOOL | | | | | ADDRESS (CITY, STATE, ZIP) | | | | | | | | | | DATES ATTENDED | | | |
|  | | | | |  | | | | | | | | | |  | | | |
|  | | | | |  | | | | | | | | | |  | | | |
|  | | | | |  | | | | | | | | | |  | | | |
| HAS THE APPLICANT EVER SKIPPED OR REPEATED A GRADE?  Repeated  Skipped  Neither | | | | | | | WHICH GRADE AND WHY | | | | | | | | | | | |
| Residence Information (where applicant lives) | | | | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | CITY | | | | | STATE | | | | ZIP |
| HOME PHONE | | | | | | SECONDARY PHONE | | | | | | MOBILE PHONE | | | | | | |
| FAMILY E-MAIL (MOST OFTEN CHECKED) | | | | | | | | | | | | | | | | MAY WE SEND PERIODIC E-MAILS TO THIS ADDRESS?  Yes  No | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Parent or Guardian Information | | | | | | | |
| APPLICANT LIVES WITH (CHECK ALL THAT APPLY)  Both Parents (Biological) Single Parent Grandparent(s) Guardian(s) Blended Family  Mother Remarried Father Remarried Mother Deceased Father Deceased Other | | | | | | | |
| Parent Information  Biological Father Stepfather Guardian | | | | Parent (2) information  Biological Mother Stepmother Guardian | | | |
| Mr. Dr. | | | | Miss Mrs. Ms. Dr. | | | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | NAME (LAST, FIRST, MIDDLE INITIAL) | | | |
| ADDRESS (IF DIFFERENT FROM ABOVE) | | | | ADDRESS (IF DIFFERENT FROM ABOVE) | | | |
| CITY | | STATE | ZIP | CITY, | | STATE | ZIP |
| HOME PHONE | | WORK PHONE | | HOME PHONE | | WORK PHONE | |
| MOBILE PHONE | | SOCIAL SECURITY | | MOBILE PHONE | | SOCIAL SECURITY | |
| OCCUPATION | | EMPLOYER | | OCCUPATION | | EMPLOYER | |
| PLACE OF BIRTH | | RELIGION | | PLACE OF BIRTH | | RELIGION | |
| LA PURÍSIMAALUMNI?  Yes  No | | YEAR GRADUATED | | LA PURÍSIMAALUMNI?  Yes  No | | YEAR GRADUATED | |
| Sibling Information | | | | | | | |
|  | NAME | | | | DATE OF BIRTH | | GENDER |
|  |  | | | |  | | Male  Female |
|  |  | | | |  | | Male  Female |
|  |  | | | |  | | Male  Female |
|  |  | | | |  | | Male  Female |
|  |  | | | |  | | Male  Female |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Religious Information | | | | | | | | |
| IS THE FAMILY A REGISTERED MEMBER OF LA PURÍSIMA PARISH?  Yes  No | | ENVELOPE NUMBER | | | | | | DOES THE FAMILY ATTEND MASS REGULARLY?  Yes  No |
| IF NOT A MEMBER OF LA PURÍSIMA PARISH, WHICH CATHOLIC CHURCH ARE YOU REGISTERED? | | | | | | | | ENVELOPE NUMBER |
| HOW HAVE YOU BEEN ACTIVE IN THE PARISH? | | | | | | | | |
| IF FAMILY IS NOT CATHOLIC, WHAT DENOMINATION | | | | | PLACE OF WORSHIP (CHURCH, TEMPLE, MOSQUE) | | | |
| Referral Information (IF APPLICABLE) | | | | | | | | |
| HOW DID YOU HEAR ABOUT LA PURÍSIMA CATHOLIC SCHOOL?  Family  Newspaper  Website  Church  Alumni  Staff  Other: | | | | | | | | |
| For Office Use Only | | | | | | | | |
| DATE APPLICATION RECEIVED | | RECEIVING EMPLOYEE NAME | | | | | | |
| registration FEE RECEIVED | | PAID WITH  Cash  Check #: | | | | AMOUNT | | |
| non-parish supporting FEE RECEIVED | | PAID WITH  Cash  Check #: | | | | AMOUNT | | |
| COPY OF BIRTH CERTIFICATE  Yes  No | COPY OF BAPTISMAL CERTIFICATE  Yes  No | | | COPY OF FIRST HOLY COMMUNION CERTIFICATE  Yes  No | | | COPY OF CONFIRMATION CERTIFICATE  Yes  No | |
| REPORT CARD  Yes  No | | | STANDARDIZED TEST SCORES  Yes  No | | | HEALTH RECORD  Yes  No | | |
| MEETING WITH PASTOR | | | | | | | | |
| MEETING WITH PRINCIPAL | | | | | | | | |

SCHOOL AGREEMENT FORM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAMILY NAME (Last Name)

FINANCIAL AGREEMENT

In enrolling my child(ren) at La Purísima Concepción Catholic School, I agree to fulfill my financial responsibilities to the school.

1. I agree to set up a SMART account for a nominal fee (which may be spread throughout the school year on the account) through the school office, regardless if the tuition is paid in full at the beginning of the school year. SMART accounts must be set up by June 24, 2016.
2. I agree to pay the tuition and fees according to the published Tuition and Fee Schedule. I understand that any pre-paid tuition or fees are not refundable unless agreed upon in advance by the administration due to an extenuating circumstance. Payments are processed via SMART Tuition.
3. I will pay the required per student registration fee of $325.00 to La Purísima Concepción Catholic School for the 2016-2017 school year by April 6, 2016. Please note this fee is non-refundable. If registration takes place prior to April 6, 2016, the registration fee will be $250.00 per student. Registrations past May 31, 2016 will be $500.00 per student.
4. If applicable, I/we agree to pay the supporting fee of $175.00 (non-refundable) parish support based on a review of the previous year’s tithing and the family’s financial participation, and involvement in the School and Church.
5. I will pay the student fee(s) by April 6, 2016 or the fee will be automatically added to my tuition payments for the 2016-2017 school year. Please note that this fee is non-refundable.
6. I understand that La Purísima Concepción Catholic School bills After-School Care, field trips, sports, and all other fees through SMART Tuition.
7. I understand that all tuition for the school year, any registration/student fees, fundraising balance, After-School Care, field trips, and money for service hours not worked must be paid by May 31, 2017. If not paid by May 31, 2017, they will be automatically billed to your SMART Tuition account and you will pay a $25.00 fee per month for each amount past due.

FUNDRAISING AGREEMENT

In enrolling my child(ren) at La Purísima Concepción Catholic School for the 2016-2017 school year, I agree to fulfill my fundraising responsibilities to the school. I understand that financial obligations not fulfilled will be billed to my SMART Tuition account.

1. Tuition does not cover the full cost of education and that it is necessary that all families participate in the following:
   1. I agree to purchase or sell five (5) Central Coast Support Our Schools “SOS” Car Raffle tickets for $20.00 each (total $100.00).
   2. I agree to participate in these fundraisers:
      1. Cookie Dough/Gift Wrapping Paper sales of $200.00 or $100 cash buyout, and
      2. Sees Candies sales of $200.00 or $100.00 buyout. OR
      3. Parents have the option of combining these Cookie Dough/Gift Wrapping Paper and Sees Candies sales fundraising obligation with $400.00 sales or $200.00 buyout.
   3. I understand and agree that if my family’s Cookie Dough/Gift Wrapping Paper fundraising obligation is not fulfilled or the buyout not paid by April 3, 2017, $200.00 will be applied for deduction to my SMART Tuition account.
   4. I agree to purchase $2,325.00 worth of SCRIP as follows:
      1. $775.00 or or before the end of each trimester ($235.00 per month). If I choose the buyout option, I will pay $235.00 by September 6, 2016, the cash equivalent. After September 6, 2016, the buyout fee will be $360.00
      2. I understand and agree that if my family’s SCRIP obligation is not fulfilled on the trimester schedule, (at least $775.00 per trimester) or the buyout not paid by September 6, 2016, $360.00 will be applied for deduction to my SMART account in increments of $120.00 on the following dates: November 14, 2016, March 10, 2017, and May 31, 2017.
   5. I agree to purchase one (1) ticket of $100.00 for Spring Dinner (includes two dinners).
   6. I understand and agree that if my family’s Spring Dinner obligation is not fulfilled by May. 1, 2017 $100.00 will be applied for deduction to my SMART Tuition Account.

SERVICE HOUR AGREEMENT

In enrolling my child(ren) at La Purísima Concepción Catholic School for the 2016-2017 school year, I agree to fulfill my service hour responsibilities to the school

I will fulfill 40 hours of service or its alternative of $600.00. Five (5) service hours per family must be dedicated to the Parish Event. Incomplete service hours must be paid by May 16, 2017 at $15.00 per hour. If service hours are not completed or paid for by May 31, 2017, the remaining balance will be applied for deduction to my SMART account.

Each new student entering La Purísima Concepción Catholic School, or re-entering after more than one year of absence, will be on probationary status for one academic year. The student’s academic performance and/or behavioral progress will be evaluated regularly and a determination will be made as to his or her continued enrollment. If, during this probationary period, a student exhibits academic or behavioral difficulty, his or her performance will be reviewed by the principal and a course of action will be determined up to and including exclusion from the school. All decisions about continued enrollment are at the principal’s discretion.

By signing this document, I agree to all the aforementioned statements.

Parent/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_